

Notice of Appointment – Rental Car Agency

Lic. RCA 3 (Rev 03/2002)

Producer Licensing Bureau

P.O. Box 1139

Sacramento, CA 95812-1139

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

RENTAL CAR AGENT NOTICE OF APPOINTMENT

To California Insurance Commissioner

Pursuant to CIC Section 1758.81 (a)(2)

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____
Federal Employee Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the rental car company named herein to act as its agent and certifies that it has satisfied itself that the named rental car company is trustworthy and competent to act as its rental car agent.

Name of Rental Car Company _____

Social Security* # / FEIN _____

(*Mandatory pursuant to Cal. Ins. Code § 1666.5; Cal. Civil Code § 1798.17; Cal. Family Code § 17520(d); and Federal Privacy Act of 1974 §§7(a)(2)(B) and 7(b).)

Effective Date _____

CIC Section 1758.81 (a)(2) requires that an applicant for a rental car agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the rental car agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the rental car agent license applied for is issued by the commissioner.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date

Phone Number () _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the ____ day of _____, ____.

Name of Insurer

By: _____

Name and Official Title (printed)